



STATE OF LOUISIANA  
OFFICE OF FINANCIAL INSTITUTIONS  
BATON ROUGE, LOUISIANA



## **NEW OFFICERS/OWNERS AND FINGERPRINT INFORMATION**

### **WHO MUST SUBMIT FINGERPRINT CARDS**

- 1) **Owner(s):** Sole Proprietors; partners and general partners, if partnership; trustees; members and general members, if an LLC; and 10% or greater equity owners.
- 2) **Director(s):** All directors.
- 3) **Officer(s):** Chief Executive Officer, Chief Operating Officer, Chief Financial Officer, President, Executive Vice President(s), Corporate Secretary, Treasurer, or other individuals of similar status or function.

### **WHAT MUST BE SUBMITTED**

- 1) Two original Form FD 258 fingerprint cards, or equivalent, which can be obtained from your local law enforcement office. All information on these cards must be fully **completed**. Louisiana State Police will not process incomplete cards.
- 2) \$45.25 nonrefundable criminal background processing fee made payable to the Office of Financial Institutions.
- 3) Completed Authority to Obtain Information from Outside Sources Form, signed and notarized.
- 4) Completed Louisiana State Police Bureau of Criminal Identification and Information Form. Louisiana State Police will not process incomplete forms.
- 5) Employee/Experience and Residential Address form.

#### **IMPORTANT NOTICE**

**Any person submitting fingerprint cards that are smudged or unreadable will be required to resubmit new cards. This will add to the processing time.**

**AUTHORITY TO OBTAIN INFORMATION FROM OUTSIDE SOURCES****THIS FORM MUST BE SUBMITTED FOR EACH NEW PERSON**

Name:

Social Security #:

Home Address, City, State, Zip Code:

Date of Birth:

Home Telephone No:

Read the following questions carefully. If the answer is "yes" to any of the questions, attach a full written explanation. Include names, dates, court name and address, case number, judgment amounts.

Have any civil judgments been entered against you during the past 10 years?

( ) Yes, attach explanation ( ) No

Are there any civil proceedings pending against you or civil judgments entered against you which involve fraud or dishonesty?

( ) Yes, attach explanation ( ) No

Have you ever been convicted of, plead guilty to, or entered a plea of Nolo Contendere (no contest) to a felony, including any which may have been expunged, set aside or for which you received a first offense pardon?

( ) Yes, attach explanation ( ) No

Have you ever been convicted of, plead guilty to, or entered a plea of Nolo Contendere (no contest) to any misdemeanor involving theft, fraud, or dishonest , including any which may have been expunged, set aside or which you received a first offense pardon?

( ) Yes, attach explanation ( ) No

Have you been the subject of a bankruptcy, assignment for the benefit of creditors, receivership, conservatorship, or any similar proceeding?

( ) Yes, attach explanation ( ) No

Have you been refused a license or permit to do business under the provisions of a similar law or subject to any enforcement proceedings by any State or Federal government agency involving the revocation or suspension of any business license or permit, fines or penalties?

( ) Yes, attach explanation ( ) No

Have you been discharged for cause or been requested to resign from any employment position?

( ) Yes, attach explanation ( ) No

I hereby authorize the licensing authority, to make inquiries from any financial institution, credit bureau or law enforcement agency for the purpose of determining his/her financial responsibility, character and fitness in connection with an application for a license or registration.

I hereby certify that the information on this form is, to the best of my knowledge, complete and accurate.

\_\_\_\_\_  
Signature

SUBSCRIBED BEFORE ME ON THIS \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

AT: \_\_\_\_\_, \_\_\_\_\_  
(CITY) (STATE or COMMONWEALTH)

**PRINT NAME OF NOTARY PUBLIC:****SIGNATURE OF NOTARY PUBLIC:**

**Attachment [B]****EMPLOYMENT/EXPERIENCE HISTORY FOR THE LAST 10 YRS**

Each sole proprietor, officer, director, partner, member, manager and 10% or greater equity owner of applicant must fill out this form. You may submit your own resume' as long as it includes the information listed below. Explain any gaps in work history. *(Attach additional sheets, if necessary)*

NAME: \_\_\_\_\_

| Employer Name and Address | Position/Brief<br>Description of<br>Duties | Start<br>Date | End<br>Date | Reason for Leaving |
|---------------------------|--|---------------|-------------|--------------------|
|                           |  |               |             |                    |
|                           |  |               |             |                    |
|                           |  |               |             |                    |

**LIST RESIDENTIAL ADDRESSES FOR THE LAST 10 YRS**

Each sole proprietor, officer, director, partner, member, manager and each 10% or greater equity owner of applicant must fill out this form. *(Attach additional sheets, if necessary)*

NAME: \_\_\_\_\_

| Residential Address | Start Date | End Date |
|---------------------|------------|----------|
|                     |            |          |
|                     |            |          |
|                     |            |          |

**Louisiana State Police  
Bureau of Criminal Identification and Information  
Baton Rouge, Louisiana**

\*\*FORMS MUST BE FILLED OUT IN INK AND BE REVIEWED BY SUBMITTING AGENCY/INDIVIDUAL FOR ACCURACY\*\*

\*\*\*\*FINGERPRINTS ARE NECESSARY FOR A POSITIVE IDENTIFICATION\*\*\*\*

\*\*\*\*PLEASE PRINT\*\*\*\*

**Louisiana Office of Financial Institutions**

FACILITY OR AGENCY

**Robert F. Brian**

FACILITY OR AGENCY AUTHORIZED REPRESENTATIVE

**P.O. Box 94095**

MAILING ADDRESS

SIGNATURE OF AUTHORIZED REPRESENTATIVE

**Baton Rouge, Louisiana 70804**

CITY

STATE

ZIP CODE

**(225) 925-4660**

FACILITY OR AGENCY PHONE NUMBER

**Request For: (pick one only)**

- ☐ ADULT DAY CARE
- ☐ ADULT RESIDENTIAL
- ☐ ALCOHOL AND BEVERAGE COMMISSION
- ☐ ALCOHOL BEVERAGE OUTLET
- ☐ AMBULANCE SERVICE
- ☐ CASA
- ☐ CONCEALED HANDGUNS
- ☐ CRIMINAL JUSTICE EMPLOYEE
- ☐ DAYCARE
- ☐ DENTISTRY BOARD
- ☐ DEPARTMENT OF LABOR
- ☐ DEPARTMENT OF PUBLIC SAFETY
- ☐ EMPLOYERS
- ☐ FIREFIGHTERS
- ☐ GAMING
- ☐ HOME HEALTH AGENCY
- ☐ HOSPICE
- ☐ IMMIGRATION
- ☐ INTERMEDIATE CARE FACILITY FOR MENTALLY RETARDED
- ☐ JUVENILE DETENTION CENTER
- ☐ DEPARTMENT OF INSURANCE
- ☐ MANUFACTURED HOUSING

- ☐ MEDICAL EXAMINERS
- ☐ NURSING HOME
- ☐ OCS FOSTER/ADOPTIVE
- ☐ OCS PERSONNEL
- ☒ **OFFICE OF FINANCIAL INSTITUTIONS**
- ☐ OFFICE OF PUBLIC HEALTH
- ☐ PHARMACY BOARD
- ☐ POSTSECONDARY EDUCATION
- ☐ PRACTICAL NURSING
- ☐ PRIVATE ADOPTION
- ☐ PRIVATE INVESTIGATORS
- ☐ PRIVATE SECURITY
- ☐ PUBLIC HOUSING
- ☐ PUBLIC TAG AGENT
- ☐ REGISTERED NURSING
- ☐ RELIGIOUS ACTIVISTS
- ☐ RIVERBOAT PILOTS
- ☐ SCHOOL
- ☐ SENATE AND GOVERNMENTAL AFFAIRS
- ☐ TAXI DRIVERS
- ☐ USED MOTOR VEHICLE COMMISSION
- ☐ VOLUNTEERS WORKING WITH CHILDREN

APPLICANTS FULL NAME: \_\_\_\_\_  
\*\*\*\*PRINT – USE INK\*\*\*\*  
LAST FIRST MIDDLE  
{INCLUDE MAIDEN NAME & PREVIOUS MARRIED NAMES IF APPLICABLE}

APPLICANTS SIGNATURE: \_\_\_\_\_

APPLICANTS SOCIAL SECURITY # \_\_\_ - \_\_\_ - \_\_\_\_ DATE OF BIRTH: \_\_ / \_\_ / \_\_

DRIVERS LICENSE # \_\_\_\_\_ & STATE \_\_\_\_\_ RACE \_\_\_\_\_ SEX \_\_\_\_\_

TYPE OF OFI LICENSE APPLIED FOR \_\_\_\_\_

**AUTHORIZATION TO DISCLOSE CRIMINAL HISTORY RECORDS INFORMATION**

By my signature above, I hereby authorize the Louisiana State Police to release all pertinent criminal record information maintained in their files, other states files, or the FBI files (if applicable ) which may confirm or deny my eligibility with the facility or agency named above.